

Email: [yonkersfuneral@gmail.com](mailto:yonkersfuneral@gmail.com)

## INFORMATION WE NEED TO COMPLETE THE CERTIFICATE OF DEATH

### DECEDENT INFORMATION:

1) Full Name \_\_\_\_\_

2) Place of death \_\_\_\_\_ 3) Date of death \_\_\_\_\_

4) Medical Examiner Case Number \_\_\_\_\_

5-A) Was the decedent of Hispanic or Haitian origin?  Yes (complete 4-B) below or  No

6-B) If "Yes" to questions 4-A, please specify:  Haitian  Cuban  Mexican

Puerto Rican  Other (specify) \_\_\_\_\_

7) Race:  African-American/Black  Caucasian/White  American Indian or Alaska Native

Asian  Native Hawaiian or other Pacific Islander  Other \_\_\_\_\_

8-A) Marital status:  Single/Never married  Married/separated  Widowed  Divorced

8-B) If married, name of surviving spouse (include maiden name) \_\_\_\_\_

9-A) Decedent's street address \_\_\_\_\_

10-B) City \_\_\_\_\_ 10-C) State \_\_\_\_\_ 10-D) Zip code \_\_\_\_\_

11-A) Date of birth \_\_\_\_\_ 11-B) Age \_\_\_\_\_

11-C) Place of birth (City & state or foreign country) \_\_\_\_\_

12) Father's Name \_\_\_\_\_

10) Mother's Name (include mother's maiden name) \_\_\_\_\_

14) Social Security # \_\_\_\_\_

15-A) Last occupation (Do NOT enter "retired") \_\_\_\_\_

15-B) Type of business \_\_\_\_\_

15-C) Last employer \_\_\_\_\_

16) Highest Education:  8<sup>th</sup> grade or less  9-12 (no diploma)  high school grad or GED

Some college credits (no degree)  Associates degree  Bachelors degree  Masters degree

Doctorate or other professional degree

17-A) U.S. Armed Services Service?  Yes  No 17-B) If "Yes", branch of service \_\_\_\_\_

17-C) If veteran, dates of service \_\_\_\_\_ 17-D) Rank \_\_\_\_\_

**YOUR INFORMATION**

Full Name \_\_\_\_\_

Relationship to the decedent \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (include area code) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**PACEMAKER DISCLOSURE**

Does the decedent have a pacemaker or other implanted radioactive device? Please check one:

Yes       No

If you answered "Yes", this (or these) devices **MUST BE REMOVED** prior to the cremation. Pacemakers can explode during the cremation process and cause injury to crematory personnel or severe damage to the cremation chamber. There is **NO CHARGE** for Funeral Home personnel to remove a pacemaker.

**DEATH CERTIFICATES**

How many copies of the certificate of death do you want us to order for you? You will need these certificates – also called *certified copies* or *transcripts* – to settle insurance claims, close or transfer bank accounts, auto or boat transfer of title, Veteran's claims, and other estate matters.

Death certificates cost \$15.00 per copy in New York City. Honorably discharged veterans receive three (3) free copies in New York City only. Proof of honorable discharge – a DD-214 – is required.

Outside New York City, death certificates are \$10.00 per copy. The cost of death certificates in other states varies by state and county.

# of copies we should secure for you \_\_\_\_\_

**CEMETERY INFORMATION – IF CREMATION IS DESIRED – MOVE TO PAGE 3 NOW**

Name of Cemetery \_\_\_\_\_

Town / Location \_\_\_\_\_

Grave Location Section: \_\_\_\_\_ Row/Plot \_\_\_\_\_ Grave: \_\_\_\_\_

Name of Person Last Burial In Plot: \_\_\_\_\_ Month/Year of Burial: \_\_\_\_\_

**DISPOSITION OF CREMATED REMAINS**

YONKERS FUNERAL HOME is hereby authorized to dispose of the cremated remains as follows.

Please check one:

\_\_\_\_\_ Hold at Funeral Home. Either my representative or I will claim them on (insert date): \_\_\_\_\_

\_\_\_\_\_ Arrange for Atlantic Ocean scattering (extra charges apply – call our office for fees)

\_\_\_\_\_ The decedent was an honorably discharged veteran. Please arrange for the cremated remains to be interred in Calverton National Cemetery. Honorable Discharge certificate (DD-214) is required for this option.

\_\_\_\_\_ Forward the cremated remains (via US Postal service) to:

Name of person/funeral home/cemetery) \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone (include area code) \_\_\_\_\_

**PAYMENT INFORMATION**

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ CVV2/Security Code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Billing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone (include area code) \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

**IF YOU HAVE ANY QUESTIONS, CALL THE YONKERS FUNERAL HOME AT:  
(914) 965-0033**

**YONKERS FUNERAL HOME – BRYN MAWR CHAPELS, INC.**  
23 Lockwood Avenue  
Yonkers, New York 10701